



License Manager

[FCC](#) > [Wireless](#) > [Licensing](#) > [Online Systems](#) > License ManagerLogged In: ([Log Out](#))

*Pay - Form
Assignment of
License
KIU342 / RS*

Assign

Authorization [Reference Copy](#) [FCC 603 Privacy Act](#) ☒ [Return to License Manager - My Applications](#) [Help](#)

Confirmation

Your application has been successfully submitted. Any future reference to this application must be made using the application file number.

File Number	Assignor/Transferor Name	Assignee/Transferee Name	Purpose
#0003326961	Newschannel 5 Network, L.P.	Newschannel 5 Network, LLC	AA

[Print Application](#)[Print this Page](#)

Application Fees

File Number	Payment Type Code	Quantity	Subtotal
#0003326961	PALM	1	\$60.00
Total Due			\$60.00

Important Notice:

The U.S. Treasury will reject Credit Card transactions greater than \$99,999.99. This limit includes multiple transactions on the same Credit Card totaling more than this limit in a single day. For transactions greater than \$99,999.99, an alternative method of payment must be used. Payment methods can be found at <http://www.fcc.gov/fees>. Reference: Treasury Bulletin No. 2005-03 (<http://www.fms.treas.gov/tfm/vol1/bull.html>)

The FCC strongly recommends online electronic payment. Payment, on a secure website, by credit card allows for faster processing of an application. Before leaving this page, you must click on the "Continue For Payment Options" button. You must make selection of "Pay By Credit Card" or "View Form 159". If you select "View Form 159" print the Form 159 to accompany any manual payment.

CONTINUE FOR PAYMENT OPTIONS

The Form 159 and accompanying fee **MUST** be received by the Commission within 10 calendar days of filing the application(s). If you believe that the calculated fee is incorrect, please call 1-877-480-3201, and select option #2 after the main menu recording.

[View My Applications](#)

[FCC](#) | [Wireless](#) | [ULS](#) | [CORES](#) | [Paying Fees](#)

[Help](#) | [Tech Support](#)

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Phone: 1-877-480-3201
TTY: 1-717-338-2824
[Submit Help Request](#)

Remittance ID:1335483 Authorization
Number:283637
Successful Authorization -- Date Paid: 2/15/08
FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979097	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Wiley Rein LLP		(3) TOTAL AMOUNT PAID (dollars and cents) \$60.00
(4) STREET ADDRESS LINE NO. 1 1776 K Street, N.W.		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Washington		(7) STATE DC
		(8) ZIP CODE 20006-2304
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 202-7197000 x7235		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0002151744		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME Newschannel 5 Network, LLC		
(14) STREET ADDRESS LINE NO. 1 474 James Robertson Parkway		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY Nashville		(17) STATE TN
		(18) ZIP CODE 37219
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (615) 244-5000		(20) COUNTRY CODE (IF NOT IN U.S.A.)
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0017439258		(22) FCC USE ONLY
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID KIU342	(24A) Payment Type Code(PTC) PALM	(25A) Quantity 1
(26A) Fee Due for (PTC) \$60.00	(27A) Total Fee \$60.00	FCC Use Only
(28A) FCC CODE 1		(29A) FCC CODE 2 0003326961
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1		(29B) FCC CODE 2

**Electronic Form 159****Payment Confirmation**

Your transaction has been approved. For your records, please note the following:

REMITTANCE ID NUMBER :	1335483
AUTHORIZATION NUMBER :	283637
AMOUNT PAID :	\$60.00

[PRINT FORM 159](#)[CLOSE](#)**Customer Service**[FCC Fees](#)[Web Policies / Privacy
Policy](#)[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.



Electronic Form 159

Payment Summary

**New bank mailing address for manual payments.**

Click here for details.

Applicant FRN	Applicant Name	Fee Due
0017439258	Newschannel 5 Network, LLC	\$60.00
Total Amount Due :		\$60.00

[VIEW FORM 159](#)[PAY BY CREDIT CARD](#)

Note: When you click **Pay By Credit Card**, the new U.S. Treasury credit card transaction screen includes some changes that may appear new to frequent FCC applicants who use our system:

- Besides typing your credit card number, you are now required to type your card's security code, the last group of numbers printed on the security strip on the back of your card, except for American Express, which has a four digit security code on the front of the card. ([Click sample](#)).
- Ensure the card holder name on the **Payment Information** screen is the same as the name specified on the credit card used for making a payment. If not, you can edit the card holder name field to match the name printed on the credit card.
- The U.S. Treasury may reject Credit Card transactions greater than \$99,999.99. This limit includes multiple transactions on the same Credit Card totaling more than this limit in a single day. For transactions greater than \$99,999.99, an alternative method of payment must be used. Payment methods can be found at <http://www.fcc.gov/fees>. Reference: Treasury Bulletin No. 2005-03 (<http://www.fms.treas.gov/tfm/vol1/05-03.html>)

Customer Service[FCC Fees](#)[Web Policies / Privacy Policy](#)[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 02/15/2008 at 10:33:56

File Number: 0003326961

FCC 603 FCC Application for Assignments of Authorization and Transfers of Control: Main Form Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

Approved by OMB

3060 - 0800

See instructions for
public burden estimate

General Information

1) Application Purpose (Select only one) (AA)	
AA - Assignment of Authorization TC - Transfer of Control	AM - Amendment WD - Withdrawal
NT - Required Notification (For Consummation of an Assignment or Transfer) EX - Request for Extension of Time (To Consummate an Assignment or Transfer)	
2) If this application is for an Amendment (AM) or Withdrawal (WD), enter the File Number of the pending or consented to application currently on file with the FCC.	File Number:
3a) Is this application for Assignment of Authorization or Transfer of Control part of a series of applications involving other wireless license(s) held by the licensee, affiliates of the licensee (e.g., parents, subsidiaries, or commonly-controlled entities), or third parties that are not included on this application and for which Commission approval or notification is required?	(N) <u>Yes</u> No
3b) If the answer to 3a is 'Y', provide the File Number of the lead application.	File Number:
3c) Does this application for Assignment of Authorization or Transfer of Control involve the assignment or transfer of non-wireless licenses/authorizations for which Commission approval or notification is required?	(Y) <u>Yes</u> No
4) Are attachments being filed with this application?	(Y) <u>Yes</u> No

Fees and Waivers

5a) Is the applicant exempt from FCC application fees? If 'Y', attach an exhibit justifying how the applicant is exempt from FCC application fees.	(N) <u>Yes</u> No
5b) Is a waiver/deferral of the FCC application fees being requested and the application fees are not being submitted in conjunction with this application? If 'Y', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.	(N) <u>Yes</u> No
6a) Does this application include a request for waiver of the Commission's rules (other than a request for application fee waivers)? If 'Y', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request.	(N) <u>Yes</u> No
6b) If 6a is 'Y', enter the number of rule sections involved.	Number of Rule Sections: _____

Additional Transaction Information

7) Has this application for Assignment of Authorization or Transfer of Control already occurred?	(Y) <u>Yes</u> No
8a) The Assignment of Authorization or Transfer of Control is:	(X) Voluntary () Involuntary
8b) If 8a is 'Involuntary', provide the date that the event occurred:	(MM/DD/YYYY) ____ / ____ / ____
9a) Is this application a <i>pro forma</i> Assignment of Authorization or Transfer of Control?	(Y) <u>Yes</u> No
9b) If 9a is 'Y', is this a post notification that is being filed under the Commission's forbearance procedures pursuant to Section 1.948(c)(1) of the Commission's Rules?	() <u>Yes</u> No
9c) If 9b is 'Y', provide the consummation date of the Assignment of Authorization or Transfer of Control.	(MM/DD/YYYY) ____ / ____ / ____
10a) Does this application involve the partitioning and/or disaggregation of geographic-area licenses? If 'Y', complete Schedule B and, if applicable, Schedule C.	(N) <u>Yes</u> No
10b) If 10a is 'N', does this application involve the partial assignment of site-based licenses?	(N) <u>Yes</u> No

11) How will/has the Assignment of Authorization or Transfer of Control be/been accomplished? Select One: (R)

Sale or other assignment of assets Court order Reorganization or liquidation

Transfer of stock or other ownership interests

Other (voting trust agreement, management contract, etc.): _____

Designated Entity Information (If 12a, 12b or 12c is 'Y', Schedule A is required to be completed.)

12a) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally awarded with bidding credits within the last five years?	() <u>Yes</u> <u>No</u>
12b) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally subject to the Commission's installment payment plan?	() <u>Yes</u> <u>No</u>
12c) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally granted pursuant to closed bidding within the last five years?	() <u>Yes</u> <u>No</u>

Competition-Related Information

13) Does this application for Assignment of Authorization or Transfer of Control involve a license(s) that may be used for interconnected mobile voice and/or data services that would, if assigned or transferred, create a geographic overlap with another license(s) in which the Assignee/Transferee already holds direct or indirect interests (of 10 percent or more), either as a licensee or spectrum lessee/sublessee, and that also could be used to provide interconnected mobile voice and/or data services?	() <u>Yes</u> <u>No</u>
14a) Does the Assignee/Transferee hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more spectrum in the Cellular Radiotelephone, broadband PCS, or Specialized Mobile Radio (SMR) services through license(s), lease(s), or sublease(s) in the same geographic area?	() <u>Yes</u> <u>No</u>
14b) Would/does this application for Assignment of Authorization or Transfer of Control reduce the number of entities providing service (using spectrum in any of the three services listed in item 14a) in the affected market(s)?	() <u>Yes</u> <u>No</u>

Broadband Radio Service and Educational Broadband Service Information

15a) Will the requested facilities be used to provide multichannel video programming?	() <u>Yes</u> <u>No</u>
15b) If 15a is 'Y', does the Assignee/Transferee operate, control or have attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic area of the requested facilities? If 'Y', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.	() <u>Yes</u> <u>No</u>
16) Does the Assignee/Transferee comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? If 'N', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.	() <u>Yes</u> <u>No</u>

Assignor/Licensee Information

17) Assignor/Licensee is a(n): (Select One)

- ☐ Individual ☐ Unincorporated Association ☐ Trust ☐ Government Entity ☐ Corporation ☐ Limited Liability Company
- ☐ General Partnership ☒ Limited Partnership ☐ Limited Liability Partnership ☐ Consortium
- ☐ Other: _____

18) FCC Registration Number (FRN): 0008982431

19) First Name (if individual):

MI:

Last Name:

Suffix:

20) Legal Entity Name (if not an individual): Newschannel 5 Network, L.P.

21) Attention To: James R. Bayes, Esq.

22) P.O. Box:

And
/Or

23) Street Address: 474 James Robertson Parkway

24) City: Nashville

25) State: TN

26) Zip Code: 37219

27) Telephone Number: (615)244-5000

28) Fax Number:

29) E-Mail Address:

30) Demographics of Assignor/Licensee (Optional):**Race:**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Gender:

- ☐ Male
- ☐ Female

Assignor/Licensee Contact Representative

31) First Name: James

MI: R

Last Name: Bayes

Suffix: Esq

32) Company Name: Wiley Rein LLP

33) Attention To:

34) P.O. Box:

And
/Or35) Street Address:
1776 K Street, N.W.

36) City: Washington

37) State: DC

38) Zip Code: 20006

39) Telephone Number: (202)719-7064

40) Fax Number: (202)719-7049

41) E-Mail Address: jbayes@wileyrein.com

Transferor Information (for Transfers of Control only)

42) Transferor is a(n): (Select One)					
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium		
<input type="checkbox"/> Other: _____					
43) FCC Registration Number (FRN):					
44) First Name (if individual):		MI:	Last Name:		Suffix:
45) Legal Entity Name (if not an individual):					
46) Attention To:					
47) P.O. Box:		And /Or	48) Street Address:		
49) City:			50) State:	51) Zip Code:	
52) Telephone Number:			53) Fax Number:		
54) E-Mail Address:					

55) Demographics of Transferor (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Transferor Contact Representative

56) First Name:		MI:	Last Name:		Suffix:
57) Company Name:					
58) Attention To:					
59) P.O. Box:		And /Or	60) Street Address:		
61) City:			62) State:	63) Zip Code:	
64) Telephone Number:			65) Fax Number:		
66) E-Mail Address:					

Assignee/Transferee Information

67) Assignee/Transferee is a(n): (Select One)

☐ Individual ☐ Unincorporated Association ☐ Trust ☐ Government Entity ☐ Corporation ☒ Limited Liability Company☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Consortium☐ Other: _____

68) FCC Registration Number (FRN): 0017439258

69) First Name (if individual):

MI:

Last Name:

Suffix:

70) Legal Entity Name (if not an individual): Newschannel 5 Network, LLC

71) Attention To: James R. Bayes, Esq.

72) Real Party in Interest FCC Registration Number (FRN): 0017439258

73) Name of Real Party in Interest: Newschannel 5 Network, LLC

74) P.O. Box:

And
/Or

75) Street Address: 474 James Robertson Parkway

76) City: Nashville

77) State: TN

78) Zip Code: 37219

79) Telephone Number: (615)244-5000

80) Fax Number:

81) E-Mail Address:

82) Demographics of Assignee/Transferee (Optional):**Race:**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Gender:

- ☐ Male
- ☐ Female

Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

83) First Name: James

MI: R

Last Name: Bayes

Suffix: Esq

84) Company Name: Wiley Rein LLP

85) Attention To:

86) P.O. Box:

And
/Or

87) Street Address: 1776 K Street, N.W.

88) City: Washington

89) State: DC

90) Zip Code: 20006

91) Telephone Number: (202)719-7064

92) Fax Number: (202)719-7049

93) E-Mail Address: jbayes@wileyrein.com

Ownership Disclosure Information

94a) Is the Assignee/Transferee required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
94b) If 94a is 'Y', provide the File Number of the FCC Form 602 that is required to be submitted in conjunction with this application or already on file with the FCC.	File Number: _____

Alien Ownership Information

95) Is the Assignee/Transferee a foreign government or the representative of any foreign government?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
96) Is the Assignee/Transferee an alien or the representative of an alien?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
97) Is the Assignee/Transferee a corporation organized under the laws of any foreign government?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
98) Is the Assignee/Transferee a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
99a) Is the Assignee/Transferee directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
99b) If 99a is 'Y', has the Assignee/Transferee received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this application? If 99b is 'N', attach a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.	(<input type="radio"/>) <u>Yes</u> <input type="radio"/> No

Basic Qualification Information

100) Has the Assignee/Transferee or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
101) Has the Assignee/Transferee or any party to this application, or any party directly or indirectly controlling the Assignee/Transferee ever been convicted of a felony by any state or federal court?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No
102) Has any court finally adjudged the Assignee/Transferee, or any party directly or indirectly controlling the Assignee/Transferee guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(<input type="radio"/> N) <u>Yes</u> <input type="radio"/> No

Assignor/Transferor Certification Statements

- 1) The Assignor/Transferor certifies either that (1) the authorization will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See Section 1.948(c) (1) of the Commission's Rules.
- 2) The Assignor/Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 3) The Assignor/Transferor certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Typed or Printed Name of Party Authorized to Sign

103) First Name: Deborah	MI: F	Last Name: Turner	Suffix:
104) Title: President			
Signature: Deborah F Turner			105) Date: 02/15/2008

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

Assignee/Transferee Certification Statements

1)	The Assignee/Transferee certifies either that (1) the authorization(s) will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See Section 1.948(c)(1) of the Commission's Rules.
2)	The Assignee/Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
3)	The Assignee/Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership or attribution rules.* *If the Assignee/Transferee has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
4)	The Assignee/Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor/Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor/Transferor prior to this assignment/transfer.
5)	The Assignee/Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
6)	The Assignee/Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the Commission's Rules for the definition of "party to the application" as used in this certification.
7)	The Assignee/Transferee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Typed or Printed Name of Party Authorized to Sign

106) First Name: Deborah	MI: F	Last Name: Turner	Suffix:
107) Title: President			
Signature: Deborah F Turner			108) Date: 02/15/2008
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

Authorizations To Be Assigned or Transferred

108) Call Sign	109) Radio Service Code	110) Location Number	111) Path Number (Microwave only)	112) Frequency Number	113) Lower or Center Frequency (MHz)	114) Upper Frequency (MHz)	115) Constructed Yes / No
KIU342	RS - Land Mobile Radiolocation						Y

Attachment(s):

Type	Description	Date Entered
O	<u>Description of Transaction</u>	02/15/2008

This application seeks FCC consent to a *pro forma* intra-corporate restructuring involving the conversion of the licensee of weather radar station KIU342, from a limited partnership to a limited liability company, which limited liability company resulting from such conversion is under state law “deemed to be the same entity as the converting [limited partnership].”¹

As reflected in the Attachment 1 “Before” diagram, the licensee before the *pro forma* reorganization is a Tennessee limited partnership in which NewsChannel 5, Inc., a Tennessee corporation, is the sole general partner holding a 1% equity interest, and in which Landmark Television, Inc., a Nevada corporation, is the sole limited partner with the remaining 99% equity interest. As reflected in the Attachment 1 “After” diagram, pursuant to Tennessee state law, NewsChannel 5 Network, LP is converted from a Tennessee limited partnership to a Tennessee limited liability company (NewsChannel 5 Network, LLC) in which NewsChannel 5, Inc. continues to hold a 1% equity interest and Landmark Television, Inc. continues to hold the remaining 99% equity interest, with both NewsChannel 5, Inc. and Landmark Television, Inc. remaining the sole owners of the equity interests in the LLC.² The three directors of

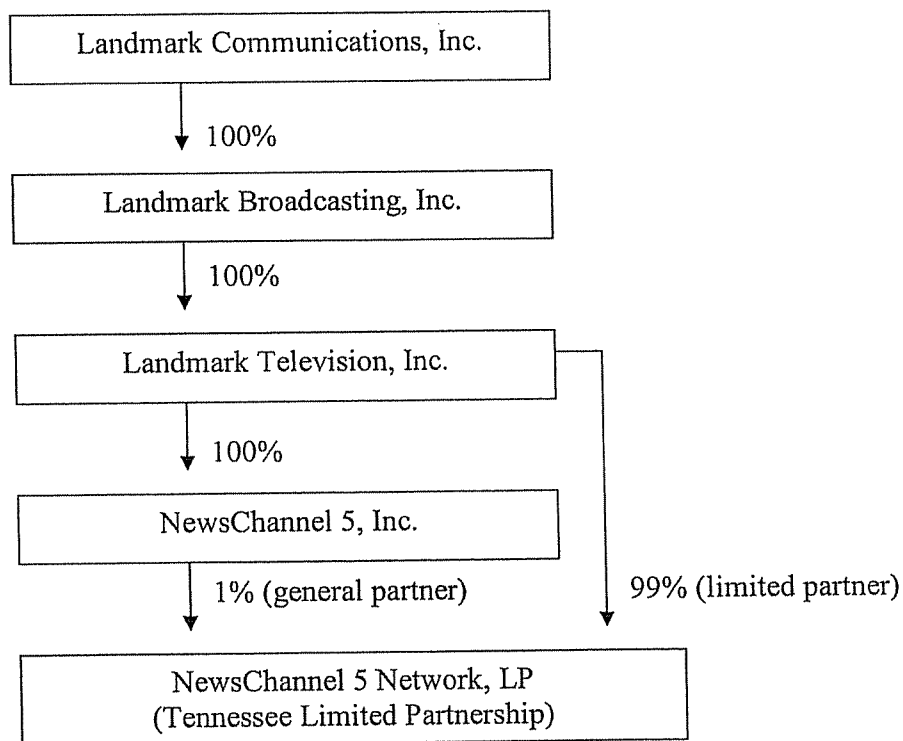
¹ See Ten. Stat. § 48-249-703(e)(1).

² The *pro forma* conversion from a limited partnership to a limited liability company does not introduce any new party nor does it involve the exchange of consideration. As a *pro forma* change, there is not any asset purchase agreement or equity interest purchase agreement. Because Tennessee state law deems the converted entity resulting from the conversion to be the same entity as the converting entity prior to the conversion, Applicant made the conversion effective as of November 26, 2007. To ensure that all Commission requirements have been satisfied, and the FCC’s records concerning the licensee are accurate, however, Applicant respectfully requests that approval of the *pro forma* conversion from a limited partnership to limited liability company be granted *nunc pro tunc*.

NewsChannel 5 Network, LLC are the same as the directors of NewsChannel 5, Inc. (the former general partner of NewsChannel 5 Network, LP).

Attachment 1

Before *pro forma*
assignment of
license:



After *pro forma*
assignment of
license:

